POSITION	INITIALS	ID NO.	DATE
	HW		*07,71,01*
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RSD		.8/7/01
FORMALITY REVIEW	MTB	954	8/30/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

```
✔  .................................. Rejected      N  .................................. Non-elected
=  .................................. Allowed       I  .................................. Interference
—  (Through numeral)... Canceled                   A  .................................. Appeal
÷  .................................. Restricted     O  .................................. Objected
```

Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original	
(1)	✔		51			101		
2			52			102		
3			53			103		
4			54			104		
5			55			105		
6			56			106		
7			57			107		
8			58			108		
9			59			109		
10			60			110		
11			61			111		
12			62			112		
13			63			113		
14			64			114		
15			65			115		
16			66			116		
17			67			117		
18			68			118		
19			69			119		
20			70			120		
21			71			121		
22			72			122		
(23)			73			123		
24			74			124		
25			75			125		
26			76			126		
27			77			127		
(28)			78			128		
(29)			79			129		
30			80			130		
31			81			131		
32			82			132		
(33)			83			133		
34			84			134		
35			85			135		
36			86			136		
(37)			87			137		
38	✔		88			138		
39			89			139		
40			90			140		
41			91			141		
42			92			142		
43			93			143		
44			94			144		
45			95			145		
46			96			146		
47			97			147		
48			98			148		
49			99			149		
50			100			150		

If more than 150 claims or 10 actions
staple additional sheet here

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